

**COMMONWEALTH OF VIRGINIA  
CONRAD STATE-30 J-1 VISA WAIVER PROGRAM GUIDELINES**

**Developed by**

**The Office of Health Policy & Planning  
Virginia Department of Health**

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**COMMONWEALTH OF VIRGINIA  
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TABLE OF CONTENTS**

<b>ITEM</b>		<b>PAGE</b>
<b>I.</b>	<b>BACKGROUND</b>	<b>1</b>
<b>II.</b>	<b>PURPOSE</b>	<b>1</b>
<b>III.</b>	<b>POLICY</b>	<b>1</b>
<b>IV.</b>	<b>ELIGIBILITY AND QUALIFICATIONS FOR EMPLOYERS</b>	<b>2</b>
<b>V.</b>	<b>ELIGIBILITY AND QUALIFICATIONS FOR J-1 PHYSICIANS</b>	<b>2</b>
<b>VI.</b>	<b>APPLICATION PROCESS FOR NEW J-1 VISA WAIVERS</b>	<b>2</b>
<b>A.</b>	<b>Obtaining a J-1 Visa Waiver Case Number</b>	<b>3</b>
<b>B.</b>	<b>Identifying Practice Sites Eligible to Employ J-1 Physicians</b>	<b>3</b>
<b>C.</b>	<b>Seeking Employment at Eligible Practice Sites</b>	<b>3</b>
<b>D.</b>	<b>Obtaining an Employment Contract</b>	<b>4</b>
<b>E.</b>	<b>Submitting an Application</b>	<b>4</b>
<b>i.</b>	<b>Requirements for the Employer</b>	<b>4</b>
<b>ii.</b>	<b>Requirements for the J-1 Physician</b>	<b>5</b>
<b>F.</b>	<b>VDH Procedural Guidelines</b>	<b>6</b>
<b>G.</b>	<b>VDH Application Evaluation Standards</b>	<b>6</b>
<b>VII.</b>	<b>APPLICATION PROCESS FOR J-1 PHYSICIANS WITH AN EXISTING WAIVER TO TRANSFER TO ANOTHER EMPLOYER OR MEDICAL FACILITY</b>	<b>7</b>
<b>A.</b>	<b>Requirements for the J-1 Physician</b>	<b>7</b>
<b>B.</b>	<b>Requirements for the Original Employer</b>	<b>7</b>
<b>C.</b>	<b>Requirements for the New Employer</b>	<b>7</b>
<b>VIII.</b>	<b>APPLICATION PROCESS FOR J-1 PHYSICIANS WITH AN EXISTING WAIVER TO TRANSFER TO VIRGINIA FROM ANOTHER STATE</b>	<b>8</b>
<b>A.</b>	<b>Requirements for the J-1 Physician</b>	<b>8</b>
<b>B.</b>	<b>Requirements for the New Employer</b>	<b>8</b>
<b>IX.</b>	<b>VDH REPORTING REQUIREMENTS</b>	<b>9</b>
<b>X.</b>	<b>ATTACHMENTS 1-6 (No Page Numbers)</b>	
<b>1.</b>	<b>Medical Practice Site and Program Description</b>	
<b>2.</b>	<b>Medical Practice Site Development Information</b>	
<b>3.</b>	<b>J-1 Physician Assurances</b>	
<b>4.</b>	<b>Verification of Employment</b>	
<b>5.</b>	<b>Transfer Notification</b>	
<b>6.</b>	<b>Application Format Checklist</b>	

# **COMMONWEALTH OF VIRGINIA**

## **CONRAD STATE-30 J-1 VISA WAIVER PROGRAM GUIDELINES**

### **I. BACKGROUND**

Federal law requires that International Medical Graduates (IMGs), who are not United States (U.S.) citizens but are accepted to pursue graduate medical education or residency training in the U.S., must obtain a J-1 exchange visitor visa. The J-1 visa allows the IMGs to remain in the U.S. until they complete their studies. Upon completion of their studies, the IMGs on J-1 visas (the “J-1 Physicians”) must return to their home country for at least two years before they can return to the U.S.

Under certain circumstances, a J-1 Physician may request the U.S. Immigration and Naturalization Service (INS) to waive the “two-year home country physical presence requirement.” The waiver may be requested under any one of the following four circumstances.

1. Extreme hardship to his/her spouse or children who are citizens or permanent residents of the U.S.
2. Persecution if forced to return to his/her home country.
3. A U.S. government agency makes a request for the waiver on the basis that the J-1 Physician's work is in the national and/or public interest.
4. A state department of health makes a request for the waiver on the condition that the physician agrees to practice in an area having a shortage of health care professionals. This provision allows state departments of health to sponsor up to thirty J-1 Physicians per federal fiscal year (October 1 - September 30) under the Conrad State-30 Program.

In addition to its participation in the Conrad State-30 Program, the Commonwealth of Virginia (the “Commonwealth”) also participates in the Appalachian Regional Commission’s (ARC) J-1 Visa Waiver Program. ARC is a federal government agency that considers J-1 visa waiver requests by state governors on behalf of medical facilities located in Health Professional Shortage Areas (HPSAs) in the respective state's Appalachian Region.

### **II. PURPOSE**

Improving access to health care in medically underserved areas is an important goal of the Virginia Department of Health (VDH). The purpose of the Commonwealth’s J-1 Visa Waiver Program is to improve access by sponsoring J-1 Physicians who agree to serve in medically underserved areas of the Commonwealth for the waiver of the “two-year home country physical presence requirement” (the “J-1 visa waiver”). The Commonwealth’s participation in the Conrad State-30 program enables VDH to act on behalf of the Commonwealth and request waivers for eligible J-1 Physicians. VDH may act as an interested state agency to request up to thirty J-1 visa waivers per year.

### **III. POLICY**

Given the need for improving access to primary health care, preference for J-1 visa waivers is given to physicians trained in the specialties of Family Practice, Internal Medicine, Pediatrics, and Obstetrics and Gynecology. Non-primary care physicians, such as Psychiatrists, who fill a documented community health care need may also, with appropriate documentation, be considered for J-1 visa waivers. There is likewise a preference given to J-1 Physicians being recruited for placement in Health Professional Shortage Areas (HPSAs) over Medically Underserved Areas (MUAs) or Medically Underserved Populations (MUPs). The J-1 Physicians who wish to receive waivers must meet both the federal eligibility criteria and VDH qualifications for J-1 visa waivers. Prioritizing applications for waiver recommendations is at the discretion of VDH.

### **IV. ELIGIBILITY AND QUALIFICATIONS FOR EMPLOYERS**

Employers of J-1 Physicians must meet the following requirements:

1. The practice site must be physically located in a federally designated Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP) for primary care and in a Mental Health Professional Shortage Area (MHPSA) for mental health care.
2. The practice site must have attempted unsuccessfully to recruit a U.S. citizen or a permanent resident physician for a period of at least six months.
3. An employer or owner of the practice site who has previously defaulted on a J-1 visa waiver contract, or who is in default of the National Health Service Corps or any state scholarship or loan repayment program is not eligible to request a waiver.
4. The J-1 Physician may not submit an application as an employer on his/her own behalf.
5. Compensation offered to the J-1 Physician must be at least equal to the local prevailing wage for the position or the employer's actual wage for similarly employed U.S. workers, whichever is higher.

## **V. ELIGIBILITY AND QUALIFICATIONS FOR J-1 PHYSICIANS**

To meet the eligibility and qualifications for visa waivers, J-1 Physicians must:

1. Have completed at least a 3-year residency in a primary care specialty (Internal Medicine, Family Practice, Pediatrics, OB/Gyn) or General Psychiatry in order to get preference for waiver.
2. Agree to begin practice within 90 days of receiving the waiver.
3. Agree to practice for a period of not less than three years in a federally designated shortage area (HPSA, MUA/P, or MHPSA).
4. Have an Educational Commission for Foreign Medical Graduates (ECFMG) certificate.
5. Have passed all three steps of the United States Medical Licensing Examination (USMLE) or equivalent.
6. Have a Virginia license to practice medicine or applied for one.

## **VI. APPLICATION PROCESS FOR NEW J-1 VISA WAIVERS**

The J-1 visa waiver application process consists of five steps:

- A. Obtain a J-1 visa waiver case number from the U.S. Department of State,
- B. Identify practice sites in Virginia eligible to employ J-1 Physicians,
- C. Seek employment at an eligible practice site,
- D. Secure an employment contract (contingent on securing the J-1 visa waiver), and
- E. Submit an application to VDH. (Allow ninety days for processing applications.)

### **A. Obtaining a J-1 Visa Waiver Case Number**

The first step in the application process involves the J-1 Physician obtaining a J-1 visa waiver case number from the U.S. Department of State. This step must be completed before submission of the application to VDH. VDH will not process any application without a J-1 visa waiver case number. To obtain the information needed to apply for the case number, the J-1 Physician can use the web site, <http://travel.state.gov> (click on J-1 visa waivers) or request the application packet by writing to:

U.S. Department of State  
Waiver Review Division  
P.O. Box 952137  
St. Louis, MO 63195-2137

To obtain a J-1 visa waiver case number, the J-1 Physician should send a completed Waiver Review Application Data Sheet to the Waiver Review Division of the U.S. Department of State with the required fee and two self-addressed stamped legal-size envelopes (see instructions posted on the above web site).

Once the Waiver Review Division of the U.S. Department of State has received the Application Data Sheet, it will send the J-1 Physician a J-1 visa waiver case number and instructions on how to proceed with the application. The

instructions will include a list of documents that must be submitted to complete the waiver review application. After the case number is received, it must be affixed to all documents included in waiver-related correspondence with the Waiver Review Division and VDH. If the case number is not affixed to all documents, the documents will be returned to the applicant.

## **B. Identifying Practice Sites Eligible to Employ J-1 Physicians**

The practice site for applicants with primary care specialties must be physically located in a currently designated federal Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP). The practice site for general psychiatry must be physically located in a current federal Mental Health Professional Shortage Area (MHPSA). A list of all currently designated Primary Health Care and Mental Health HPSAs and Medically Underserved Areas/Populations (MUA/Ps) designation can be found at the National Center for Health Workforce Analysis (NCHWA), Shortage Designation Branch website at <http://www.bphc.hrsa.gov/dsd/>. The designation must be current on the date the U.S. Department of State reviews the application and on the date the INS approves the J-1 visa waiver. Therefore, any application that is being submitted to VDH at the end of the three-year HPSA designation cycle may be summarily denied if the renewal is not obtained.

## **C. Seeking Employment at Eligible Practice**

The J-1 Physician is responsible for finding potential practice sites that would be willing to employ him/her. Because all eligible practice sites must demonstrate that they have attempted unsuccessfully to recruit a U.S. citizen or a permanent resident physician for a period of at least six months, the J-1 Physician can locate potential employers through earlier recruitment efforts. J-1 Physician applicants who have completed a primary care or psychiatric residency program within the Commonwealth should contact their residency program coordinator or the VDH Office of Health Policy & Planning's recruiter liaison for placement assistance. During the recruitment phase, the J-1 Physician and the potential employer should become familiar with the obligations and responsibilities outlined in the Virginia State-30 J-1 Visa Waiver Program Guidelines. The successful completion of this step will result in obtaining an employment contract.

## **D. Obtaining an Employment Contract**

The fourth step in the application process involves obtaining an employment contract. It is the responsibility of the J-1 Physician to obtain an employment contract with an approved practice site. VDH assumes no responsibility for negotiations or content of employment contracts or for termination of the contracts. The contract must:

1. Be for a period of three years or longer.
2. Include the full street addresses and telephone numbers of all the sites where the J-1 Physician will practice.
3. Contain a statement by the J-1 Physician agreeing to meet the requirements set forth in Section 214(k)(1) and (a) of the Immigration and Nationality Act.
4. Indicate the schedule and the number of hours per week that the J-1 Physician will practice (must be at least 40 hours per week for at least 4 days not including travel and/or on-call time).
5. Include the fixed salary.
6. Not include a non-compete clause or restrictive covenant preventing or discouraging the J-1 Physician from continuing to practice in any federally designated shortage area after the period of obligation has expired.

## **E. Submitting an Application to the Virginia Department of Health**

The fifth step in the application process involves submitting an application to VDH that meets all the requirements for a J-1 visa waiver. The applicant or the applicant's lawyer must submit an original and two hard-copy applications; faxed or electronically delivered applications will not be reviewed by VDH. Please allow 90 days to process an application.

Note: If an attorney assists with the application process, it is recommended that the J-1 Physician does not use the employer's attorney in order to avoid possible conflicts of interest.

## **i. Requirements for the Employer**

The employer must provide:

1. An original and a copy of the employment contract signed by both the employer and the J-1 Physician;
2. A letter requesting that VDH act as an "interested government agency" and recommend a waiver on behalf of the J-1 Physician. The letter must also include:
  - the name and medical specialty of the J-1 Physician,
  - qualifications of the J-1 Physician,
  - a work schedule for the J-1 Physician and a statement that the J-1 Physician will practice primary care at least 40 hours per week during normal office hours at least 4 days per week (on-call and travel times do not count toward the 40-hour minimum), and
  - a description of the effect on the community if the waiver is denied.
3. A completed "Medical Practice Site and Program Description" form (Attachment 1 for existing practice site or Attachment 2 for practice site under development);
4. Proof of prior 6-months' efforts to recruit a U.S. citizen or a permanent resident physician (including advertisements, postings on ppova.org, agreements with placement services, letters to medical schools, copies of resumes received, list of applicants interviewed, and the reasons for rejection);
5. A copy of the employer's Medicaid and Medicare Provider Agreements; and
6. Proof of the practice site's willingness to treat patients of all income levels. Such proof must include, at a minimum, a copy of the sliding fee scale and evidence of charitable care provided.
7. A statement from the employer indicating that the employer and its principals, such as owners, administrators, or medical directors are not under investigation, indictment or conviction for violations of federal, state, or local laws, regulations, or ordinances related to the medical practice. In addition, the statement should include the employer is not the subject of any financial legal or regulatory proceedings that could reasonably result in the practice sites inability to function as an employer.

In addition, the employer must not charge patients more than the usual and customary rate prevailing in the federally designated shortage area in which services are provided.

If the practice site is located in a special population HPSA, the employer must also provide the following information on the patients served by the practice, unless the practice is a Community Health Center or a Federally Qualified Health Center:

- the percentage of patients who are provided health services at a reduced rate,
- the percentage of Medicare patients, and
- the percentage of Medicaid patients.

Multi-specialty practices and other practices that provide services other than the primary care specialties of family practice, internal medicine, pediatrics, obstetrics/gynecology, or psychiatry may submit applications on behalf of J-1 Physicians who have non-primary care subspecialties or fellowship training. However, documentation must be submitted to support an extreme need for the medical service. Documentation may include the number of like positions in the community, define community demographics, current effects of not having position available in the community and/or other examples that indicate the need in the community.

## **ii. Requirements for the J-1 Physician**

The J-1 Physician must provide:

1. A completed J-1 Physician Assurances form (Attachment 3);
2. A current Curriculum Vitae;

3. Letters of recommendation in support of the waiver applicant's professional abilities and qualifications;
4. A copy of his/her current Virginia license to practice medicine or proof of application to obtain one;
5. Documentation of Board Certification or a letter from the director of the J-1 Physician's residency program attesting to Board eligibility;
6. A copy of the completed Waiver Review Application Data Sheet, including the case number issued by the U.S. Department of State;
7. All copies of the Certificates of Eligibility for Exchange Visitor (J-1) Status;
8. All copies of the IAP-66 sheets issued by the U.S. Information Agency for each year the J-1 Physician maintained the J-1 visa status with no time gaps;
9. A copy of his/her passport including all visa entries;
10. A copy of the U.S. Department of State letter assigning the case number;
11. Copies of any I-94 Entry and Departure Cards; and
12. An explanation of any period spent in some other visa status, out of status, or outside of the U.S.

## **F. VDH Procedural Guidelines**

1. For an application to be deemed complete, it must include all the required documents from the employer and the J-1 Physician and submitted with tabs in the order presented in Attachment 6. The J-1 Physician's case number obtained from the U.S. Department of State must be affixed to each document and on all correspondence submitted to VDH. All documents must be on standard 8.5 by 11-inch white paper. Applications should be mailed to:

J-1 Program Manager  
Office of Health Policy & Planning  
Virginia Department of Health  
109 Governor Street  
Suite 1016 East  
Richmond, Virginia 23219

2. VDH will notify the applicant or his/her legal counsel if missing documents or additional information is required for the review to proceed. A substantial review will not proceed unless all required documentation is present.
3. VDH will forward completed applications receiving favorable recommendations to the U.S. Department of State for review. VDH will notify the practice site in writing that the application has been forwarded with a positive recommendation to the U.S. Department of State for subsequent submission to the INS for approval.
4. Once the U.S. Department of State recommends the application for approval, it will forward the application to the INS with a recommendation for approval. The INS will send notification directly to the J-1 Physician after it approves the application recommended by the U.S. Department of State.
5. In case of an unfavorable review, VDH will return to the applicant documents that were submitted with the J-1 visa waiver application.
6. If the employer is located in an Appalachian region of the Commonwealth, VDH may choose to forward the application for processing by the ARC as an interested government agency.

## **G. VDH Application Evaluation Standards**

1. When reviewing each J-1 visa waiver application, VDH will ensure that the proposed placement of the J-1 Physician will not adversely affect or compromise the delivery of health care in the medically underserved area.
2. When reviewing applications, VDH will view negatively any past or current disciplinary actions or proceedings taken by the Virginia Board of Health Professions (or comparable professional medical review boards in other states) against the employer in cases where the employer is a medical professional.
3. VDH will view negatively the J-1 visa waiver applications from any employer whose principals such as owners, administrators, or medical directors are under investigation, indictment, or conviction for violations of federal, state, or local laws, regulations, or ordinances related to medical practice.
4. VDH will have the discretion to limit the number of J-1 visa waivers granted to employers who submit multiple applications. The only exception will be applications from federally funded clinics or state agencies that provide healthcare to the indigent, uninsured or institutionalized populations.
5. When considering J-1 Physicians for employment, employers may choose to impose additional requirements than provided for in these guidelines to assure that the delivery of healthcare services is consistent with their practices' policies.

## **VII. APPLICATION PROCESS FOR J-1 PHYSICIANS WITH AN EXSTING WAIVER TO TRANSFER TO ANOTHER EMPLOYER OR MEDICAL FACILITY**

### **A. Requirements for the J-1 Physician**

The J-1 Physician must:

1. Affix the U.S. Department of State J-1 visa waiver case number to all documents included in waiver-related correspondence with VDH.
2. Notify VDH, in writing, of the intent to transfer and the reasons for the transfer.
3. Provide VDH with the proposed new employer, practice site name, address, telephone number, and date of transfer.
4. Serve a minimum of two full years or the time left under his/her previous obligation, whichever is greater, regardless of the time served at his/her previous location.
5. Assume the sole responsibility for notifying the employer of the intent to transfer to another practice site.
6. Assume all legal and/or financial obligations that may accrue from a breach of contract or the establishment of "reasonable cause" for the termination of the employment contract.

### **B. Requirements for the Original Employer**

The original employer must:

1. Affix the U.S. Department of State assigned J-1 visa waiver case number to all documents included in waiver-related correspondence with VDH.
2. Provide a letter to VDH releasing the J-1 Physician from the employment contract.
3. Provide an explanation for the release.
4. Complete the VDH Reporting Requirements as set forth in Section IX of the J-1 Visa Waiver Program Guidelines.

### **C. Requirements for the New Employer**

The new employer must:



1. Affix the U.S. Department of State J-1 visa waiver case number to all documents included in waiver-related correspondence with VDH.
2. Provide a letter to VDH of the intent to employ the J-1 Physician.
3. Provide VDH with a signed original of the employment contract.
4. Meet the Eligibility and Qualifications for Employers requirements as set forth in Section IV of the J-1 J visa Waiver Program Guidelines
5. Meet the VDH Application Evaluation Standards in Section VI.G of the J-1 visa Waiver Program Guidelines
6. Complete the Transfer Notification form (Attachment 5).
7. Agree to fulfill the VDH Reporting Requirements (Attachment 4) as set forth in Section IX of the J-1 Visa Waiver Program Guidelines.

**Note: Under no circumstance should a relocation of a J-1 visa waiver recipient occur without prior written authorization by VDH. The same review criteria used in the VDH State-30 J-1 Visa Waiver Program Guidelines for new applicants will be applied in recommending a transfer request.**

## **VIII. APPLICATION PROCESS FOR J-1 PHYSICIANS WITH AN EXSTING WAIVER TO TRANSFER TO VIRGINIA FROM ANOTHER STATE**

### **A. Requirements for the J-1 Physician**

The J-1 Physician must:

1. Affix the U.S. Department of State J-1 visa waiver case number to all documents included in waiver-related correspondence with VDH.
2. Complete the J-1 visa waiver application process as set forth in Sections IV-VI and obtain a Virginia medical license prior to beginning practice.
3. Serve a minimum of two full years or the time left under his/her previous obligation, whichever is greater, regardless of the time served at his/her previous location.
4. Assume the sole responsibility for notifying the employer of the intent to transfer to another state.
5. Assume all legal and/or financial obligations that may accrue from a breach of contract or the establishment of "reasonable cause" for the termination of the employment contract.

### **B. Requirements for the New Employer**

The new employer must:

1. Affix the U.S. Department of State J-1 visa waiver case number to all documents included in waiver-related correspondence with VDH.
2. Provide a letter to VDH of the intent to employ the J-1 Physician.
3. Provide VDH with a signed original of the employment contract (the J-1 Physician must serve a minimum of two full years or the time left under his/her previous obligation, whichever is greater, regardless of the time served at his/her previous location).
4. Meet the Eligibility and Qualifications for Employers requirements as set forth in Section IV of the J-1 Visa Waiver Program Guidelines.
5. Meet the VDH Evaluation Standards in Section VI.G of the J-1 visa Waiver Program Guidelines.
6. Complete the "Transfer Notification Form" (Attachment 5).
7. Agree to fulfill the VDH Reporting Requirements (Attachment 4) as set forth in Section IX of the J-1 Visa Waiver Program Guidelines. Failure on the part of the J-1 Physician to submit accurate and truthful semiannual reports will result in a report of non-compliance to INS.

**Note: Under no circumstance should a relocation of a J-1 visa waiver recipient occur without prior written authorization by VDH. The same review criteria used in the VDH State-30 J-1 Visa Waiver Program Guidelines for new applicants will be applied in evaluating a transfer request.**

## **IX. VDH REPORTING REQUIREMENTS**

1. The J-1 Physician and the Chief Executive Officer or Administrator of the employing entity must provide VDH a semiannual report which verifies the J-1 Physician's employment at the practice site (see Attachment 4). The first report must be submitted within 30 days of employment. Subsequent reports must be submitted every six months from the contract execution date with a final report due upon completion of the three-year commitment.
2. If the employment contract is terminated prior to its scheduled end date, the J-1 Physician and Employer must provide written notification and explanation to the VDH.
3. The employer of a J-1 Physician that transfers to another medical facility within Virginia must submit a final report upon termination of the contract.
4. The new employer of a J-1 Physician who has transferred from within Virginia or another state must file the first work verification report within 30 days of the transfer. Subsequent reports must be submitted every six months from the contract execution date with a final report due upon completion of the contract.
5. Failure on the part of the J-1 Physician to submit accurate and truthful semiannual reports will result in a report of non-compliance to the INS. Failure on the part of the Chief Executive Officer or Administrator of the employing entity to submit accurate and truthful semiannual reports will jeopardize future eligibility for J-1 visa waivers.

**VIRGINIA STATE-30 J-1 VISA WAIVER PROGRAM  
MEDICAL PRACTICE SITE AND PROGRAM DESCRIPTION**  
(Please complete one form for each practice site.)

*Practice Site Name:* \_\_\_\_\_

Street Address (Do Not Use Post Office Box Numbers):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Location of Health Professional Shortage Area (HPSA): \_\_\_\_\_

*Contact Person:* \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

*Employer/Sponsor:* \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Organization (check all applicable types):

_____ Private Not-for-Profit	_____ Federally Qualified Health Center
_____ Private For-Profit	_____ Migrant/Community Health Center
_____ Public Not-for Profit	_____ Rural Health Clinic

Medical Practice Site Accepts the Following (check all applicable categories):

_____ Accept Medicaid	_____ Accept Medicare
_____ Medicaid Provider # _____	_____ Offer Sliding Fee Scale (provide copy)
_____ Accept Medically Indigent	

**VIRGINIA STATE-30 J-1 VISA WAIVER PROGRAM**  
**MEDICAL PRACTICE SITE DEVELOPMENT INFORMATION**  
(Please complete one form for each site being developed)

Proposed Practice Site: \_\_\_\_\_

Street Address (Do Not Use Post Office Box Numbers):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Location of Health Professional Shortage Area (HPSA): \_\_\_\_\_

Has building or renovation started on the site? \_\_\_\_\_ Yes \_\_\_\_\_ No

When is the projected date of completion? \_\_\_\_\_

*Include copies of building permits or business license confirming the acquisition of the Medical Practice Site.*

State the location and address where the J-1 Physician will be practicing the required 40 hours of primary care in the HPSA during the development of the medical practice site.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Location of Health Professional Shortage Area (HPSA): \_\_\_\_\_

Employer/Sponsor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Organization (check all applicable types):

\_\_\_\_\_ Private Not-for-Profit \_\_\_\_\_ Federally Qualified Health Center

\_\_\_\_\_ Private For-Profit \_\_\_\_\_ Migrant/Community Health Center

\_\_\_\_\_ Public Not-for Profit \_\_\_\_\_ Rural Health Clinic

Medical Practice Site Accepts the Following (check all applicable categories):

\_\_\_\_\_ Accept Medicaid \_\_\_\_\_ Accept Medicare

Medicaid Provider # \_\_\_\_\_ Offer Sliding Fee Scale (provide a copy)

\_\_\_\_\_ Accept Medically Indigent

**VIRGINIA STATE-30 J-1 VISA WAIVER PROGRAM  
J-1 PHYSICIAN ASSURANCES**

I \_\_\_\_\_  
(Name)

hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1101, that I do not now have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any state department of public health, or equivalent, other than the Virginia Department of Health, to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

I further declare and certify that I have no contractual obligation to return to my home country. (If such a contractual obligation exists, the J-1 Physician must obtain a letter of "no objection" from the home country or the embassy in Washington, D.C.)

I agree to accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVII of such Act (Medicare).

I agree to obtain a medical provider number from the Virginia Department of Medical Assistance Services and sign a contract to provide services to persons entitled to medical assistance under Title XIX of the Social Security Act (Medicaid).

I agree to provide to the Virginia Department of Health a completed Verification of Employment Form (attached) within 30 days after my employment begins, and every six months thereafter, until my three-year commitment is completed. I understand that failure to submit this report accurately and completely will result in a report of non-compliance to the U.S. Immigration and Naturalization Service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Date

# VIRGINIA STATE-30 J-1 VISA WAIVER PROGRAM VERIFICATION OF EMPLOYMENT

Reporting period from \_\_\_\_\_ to \_\_\_\_\_  
(Please report for the full amount of time at the sponsoring facility)

**PHYSICIAN:** \_\_\_\_\_  
First Name
Middle Name
Last Name

\_\_\_\_\_  
Street
City
State
Zip  
 Social Security # \_\_\_\_\_ J-1 Visa Waiver # \_\_\_\_\_ Passport # \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

INS Approval Date or Actual Employment Start Date, whichever is later. \_\_\_\_\_

**(If more than one medial practice address, please attach separate sheet)**

1. I maintain a full-time clinical practice at:

Name of Medical Practice: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

HPSA (include specific county/city, census tract, district, etc.): \_\_\_\_\_

2. During the reporting period, I maintained office hours (use "X" for days not usually practicing). DO NOT include "on-call" status time.

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
From:							
To:							

3. During the reporting period, approximately \_\_\_\_\_ hours/week were required to treat hospitalized patients of the practice at \_\_\_\_\_ Hospital.

4. During the reporting period, I was absent from the practice for \_\_\_\_\_ days due to illness, vacation, or for continuing professional education.

5. For this reporting period:

- a. Number of office visits (do not include telephone consultations or hospital visits) \_\_\_\_\_
- b. Number of visits from 5a who reside in a Health Professional Shortage Area (HPSA) \_\_\_\_\_
- c. Number of hospital visits \_\_\_\_\_
- d. Number of patient visits for whom a Medicare claim was submitted \_\_\_\_\_
- e. Number of patient visits for whom a Medicaid claim was submitted \_\_\_\_\_
- f. Number of patients wherein services were rendered at a rate less than usual customary fee \_\_\_\_\_
- g. Number of patient visits for which no charge was made (based on inability to pay) \_\_\_\_\_

6. My Medicare Provider Number is: \_\_\_\_\_

7. My Medicaid Provider Number is: \_\_\_\_\_

## CERTIFICATION

I CERTIFY THAT THE ABOVE REPORTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND ACCURATELY REFLECTS ACTIVITIES TO THE FULFILLMENT OF MY OBLIGATION TO THE VIRGINIA J-1 VISA WAIVER PROGRAM.

\_\_\_\_\_  
Physician's Name: (Print or Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

## ENDORSEMENT

I HAVE REVIEWED THE ABOVE REPORT BEING SUBMITTED BY \_\_\_\_\_ WHO BEGAN HIS/HER PRACTICE WITH US ON \_\_\_\_\_. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION IS ACCURATE AND CORRECT.

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

## VIRGINIA STATE-30 J-1 VISA WAIVER PROGRAM TRANSFER NOTIFICATION

Physician Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Passport # \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Location: \_\_\_\_\_

Name of Practice

Street

City State Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

HPSA (include specific County, Census Tract, District, etc.) \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

New Location: \_\_\_\_\_

Name of Practice

Street

City State Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

HPSA (include specific County, Census Tract, District, etc.) \_\_\_\_\_

I HEREBY CERTIFY THAT I, THE UNDERSIGNED, DO PROVIDE PRIMARY HEALTH CARE SERVICES AT THE  
NEW LOCATION A MINIMUM OF 40 HOURS PER WEEK.

\_\_\_\_\_  
Sponsor Signature Date

**Sponsor:**

Sponsor Name: \_\_\_\_\_

I DO HEREBY CERTIFY THAT DR. \_\_\_\_\_ BEGAN PRACTICING AT  
(practice name) \_\_\_\_\_ ON (date) \_\_\_\_\_ AND PROVIDES 40 HOURS OF  
PRIMARY HEALTH CARE PER WEEK. \_\_\_\_\_

**RETURN THIS FORM TO:**

**J-1 Program Manager  
Office of Health Policy & Planning  
Virginia Department of Health  
109 Governor Street, Suite 1016 East  
Richmond, VA 23219  
Phone: (804) 864-7435 Fax: (804) 864-7440**

## Virginia State-30 J-1 Visa Waiver Program Application Format Checklist

- ◆ All J-1 visa waiver applications and copies are to be submitted with tabs in the order presented in the following table. **APPLICATIONS SENT WITHOUT TABS OR OUT OF ORDER WILL BE RETURNED.**
- ◆ The U.S Department of State assigned J-1 waiver case number must be affixed to each item in the application.
- ◆ If the application is not in the appropriate order or the U.S. Department of State assigned J-1 visa case number is not appropriately affixed, the application will be returned to the applicant.

TAB	ITEM	CHECK
A	Notice of Entry Appearance as Attorney or Representative [US Department of Justice, INS Form G-28 (09-26-00)Y].	
B	DOS Waiver Review Application Data Sheet.	
	DOS Waiver Review File Number Sheet.	
C	All copies of IAP-66 Sheets (with no breaks in the dates).	
D	Curriculum Vitae and diplomas/certificates of J-1 Physician.	
E	USMLE (3 steps).	
F	ECFMG Certificate.	
G	Virginia State-30 J-1 Visa Waiver Program J-1 Physician Assurances (Attachment 3).	
H	Copy of Virginia medical license or letter verifying application in process.	
I	Documentation of Board Certification or Board Eligibility.	
J	All passport documentation.	
K	Letter from the employer to VDH. See section 6, Part E, Number i	
L	Contract between employer and J-1 Physician.	
	Three year or more contract.	
	Base salary and compensation.	
	The specific location of employment in a federally designated HPSA, including street address and telephone number.	
	Clause requiring the J-1 physician to work 40 hours per week in not less than a four-day period.	
	Statement of J-1 Physician agreeing to the contractual requirements set forth in Section 214(l) of the Immigration and Nationality Act.	
	If included, liquidated damage policy clause cannot exceed \$250,000.	
M	Location specific work schedule for J-1 Physician (must work 40 hours per week over not less than a four-day period).	
N	Medical site's Medicaid and Medicare provider number.	
	Written policy to accept all patients regardless of ability to pay.	
O	Statements from employer verifying that worksite(s) are in appropriate federally designated areas. The HPSA, MUA, MUP, or MHPSA federal ID must be included.	
P	Medical practice site and program description, Attachment 1, or if the medical site is in development, Attachment 2.	
Q	Supporting documentation to demonstrate that the practice site has attempted unsuccessfully to recruit a U.S. citizen or a permanent resident physician for a period of at least six months.	
R	Letters of recommendation for the J-1 Physician.	